

abortions for which the expenditure of Federal funds appropriated for the Department of Health and Human Services is permitted.

Then it goes on and says, Based on the laws in effect of the date that is 6 months before the beginning of the plan year involved—yeah, right—no money there will be used for abortions, and then there it is in black and white.

We were told that if you liked your plan, you're going to get to keep it. And yet you could go over here—actually, that's an easy section to find. You're not going to be keeping it because it says here—and this is on page 91. This says, Protecting the Choice to Keep Current Coverage. The number one limitation on keeping your insurance, the individual health insurance issuer offering such coverage does not enroll any individual in such coverage. The second limitation is the issuer does not change any of its terms or conditions. Good grief. You're going to add beneficiaries to every policy, you're going to change terms and conditions. It turns out that wasn't true either.

It is time to be true and faithful in this job to the American people and the job for which they sent us here. It is time to honor the Constitution.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from North Carolina (Mr. MCHENRY) is recognized for 5 minutes.

(Mr. MCHENRY addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Pennsylvania (Mr. SESTAK) is recognized for 5 minutes.

(Mr. SESTAK addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Ohio (Ms. KAPTUR) is recognized for 5 minutes.

(Ms. KAPTUR addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Florida (Ms. ROSLEHTINEN) is recognized for 5 minutes.

(Ms. ROSLEHTINEN addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from California (Ms. CHU) is recognized for 5 minutes.

(Ms. CHU addressed the House. Her remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gen-

tleman from Georgia (Mr. DEAL) is recognized for 5 minutes.

(Mr. DEAL of Georgia addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Montana (Mr. REHBERG) is recognized for 5 minutes.

(Mr. REHBERG addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

#### ABORTION AND THE DEMOCRAT HEALTH CARE BILL

The SPEAKER pro tempore. Under the Speaker's announced policy of January 6, 2009, the gentleman from New Jersey (Mr. SMITH) is recognized for 60 minutes as the designee of the minority leader.

Mr. SMITH of New Jersey. Madam Speaker, even though reputable polls consistently show that public funding of abortion is opposed by a supermajority of Americans, some 67 percent, the multibillion-dollar abortion industry, its lobbyists and friends in Congress are today demanding that the two massive new government programs created by the Democratic leadership's so-called "health care reform" bill force Americans to facilitate and fund the killing of unborn children by abortion.

Anyone who tells you otherwise—and I appreciate the gentleman from Texas pointing out the text. It clearly states it. Anyone who tells you otherwise that public funding for abortion on demand is not in the pending legislation is either seriously misinformed or simply not telling the truth.

Americans do want to know up front what's in this bill. No games. No brinksmanship. Americans want and the public deserves total transparency and truth in legislating.

Madam Speaker, despite the fact that in 2009 we know more and understand more about the magnificent world of unborn children than ever before—the fact that these babies move inside the womb and stretch and do somersaults and kick, they wake and sleep, believe it or not—and it is true, they have a waking and sleeping cycle. The fact that beneficial prenatal health care interventions, including microsurgery, can be performed in utero, inside the womb, the fact that these children can feel excruciating physical pain before birth, including the pain deliberately inflicted by abortionists—I would note, parenthetically, that I authored the Unborn Child Pain Awareness Act, which got 250 votes in a bipartisan vote a couple of years ago. And we know for a fact that at least at 20 weeks gestation, unborn children feel excruciating pain up to four times what everyone else after birth feels because the pain receptors are very close to the skin. And we do believe that these children

feel pain even earlier than the 20th week. Despite all of this, President Obama and the Democratic leadership are on a fast track to compel, force, mandate, and coerce public funding for abortions.

Madam Speaker, pro-life Americans want no role or complicity in this assault on the weakest and the most vulnerable. Frankly, Madam Speaker, it is time to face an inconvenient truth—abortion is violence against children, and it exploits and harms women.

There has been study after study that shows that women who procure abortions experience immediate relief followed by very serious psychological and deleterious consequences to them. And the younger they are, it appears, based on the empirical data, the more egregious the pain and suffering and the agony endured by these young women.

New Zealand did a study in 2006, a very comprehensive study, and found that 78.6 percent of the 15- to 18-year-old girls who had abortions displayed symptoms of major depression compared to 31 percent of their peers. Twenty-seven percent of the 21- to 25-year-old women who had abortions had suicidal idealization compared to 8 percent of those who did not have abortions. Abortion hurts women.

I would remind my colleagues that organizations like the Silent No More Campaign, run so admirably and courageously by people like Dr. Alveda King, the niece of Dr. Martin Luther King, a woman who had two abortions and had profound, profound psychological problems from that but now knows reconciliation and hope again, Silent No More is made up exclusively of women who have had abortions. Dr. King has said that her uncle's dream, how does it survive if we murder the children? And then she went on to say the other victim is and always will be the woman.

Time magazine, and others, has finally reported on another little known fact—abortion adversely affects subsequent children born to women who abort. Recent studies have indicated that the risks of preterm birth goes up 36 percent after one abortion, and a staggering 93 percent after two or more abortions. Similarly, the risk of subsequent children being born with low birth weight increases by 36 percent after one abortion and 72 percent after two or more.

The health consequences to subsequent children born to women who abort is deeply troubling and largely unrecognized and underreported upon. Thus, abortion not only kills babies and wounds women, it directly injures subsequent children. And as we all know, prematurity is one of the leading causes of disabilities in children.

As you know better than I, Madam Speaker, Congress will vote as early as Saturday on the health care restructuring bill, H.R. 3962, and it includes highly deceptive policy language that will massively increase the number of